



Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Change of Personal Information

If you change your home address at any time during the testing or selection process, you must complete and submit this Change of Personal Information form. You may submit this form by one of the following methods:

1. Bring the completed form to the Commission Office, 50 West Gay Street, 6th Floor, Room 600;
2. Fax the form to the Commission Office at 614/645-8334; or,
3. Mail the completed form to the Commission Office at:
Civil Service Commission, Room 600
50 West Gay Street
Columbus, Ohio 43215

Be sure to complete all the information requested below. Please print clearly.

Previous Home Address and Telephone Number

Social Security Number _____
Last Name _____
First Name & Middle Initial _____
Street Address _____
City, State, Zip _____
Home Phone Number () _____
Work Phone Number () _____

New Home Address and Telephone Number

Social Security Number _____
Last Name _____
First Name & Middle Initial _____
Street Address _____
City, State, Zip _____
Home Phone Number () _____
Work Phone Number () _____

Are you currently on any eligible lists for Police or Fire? Yes ☐ No ☐

If you are a Police Officer and/or Firefighter candidate,
please indicate your grade band(s): Police Officer _____ Firefighter _____

For Civil Service Commission Use Only

Date Entered: _____ Initials: _____ Fire ☐ Police ☐

Date Division Notified: _____ Initials: _____